

FILED NOV 1 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5330

State File No. 32437

Registrar's No. 2224

1. PLACE OF DEATH

(a) County Crawford
(b) City or town Page - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

RAYMOND HOWARD HARRIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 30 years (Day) (Year)
7. Birth date of deceased May 30 1908 (Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Crawford Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Marjorie Harris
13. Birthplace Crawford Co. Mo (City, town, or county) (State or foreign country)
14. Maiden name Marjorie Bryan
15. Birthplace Crawford Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Marjorie Harris
(b) Address Cherryville, Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Oct-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Martin Cem.

18. (a) Signature of funeral director Stanley Harrison
(b) Address Steelville, Mo

19. (a) Oct 16 (Date received local registrar) (b) Stanley Harrison (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1948 hour 4 A minute 15 M.
21. I hereby certify that I attended the deceased from Jan 1 1948 to Oct 14 1948
that I last saw him alive on Jan 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright's Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 75
Of autopsy 75

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. L. Parker (M. D. or other) Steelville Mo
Address Steelville Mo Date signed 10-14-48

RECEIVED 10-28-48
District Health Officer No. 5,
District File Number 1048666
10-28-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
C. Jesse Gahr Registered Apprentice No. _____
working under my personal supervision.

Signed

C. Jesse Gahr

Licensed Embalmer No.

4486

P. O. Address

Steelville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.